MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02984

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Gen'l.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington - Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Ashley

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-31-53

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours 1 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melvin Ashley

14. MOTHER'S MAIDEN NAME: Gertrude Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gertrude Ashley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
7620 Immediate cause	(a) Atelectasis and anoxia —	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO small size at birth - + breech birth.	Delivery
	(c) DUE TO was related, uncomplicated.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 19 53 to 3-31, 19 53, that I last saw the deceased alive on 3-31, 19 53 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: Robert N. Farr (DEGREE OR TITLE) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 3-31-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 1st 1953

NAME OF CEMETERY OR CREMATORY: Pondtown

LOCATION (City, town, or county) (State): Pondtown Md

DATE REC'D BY LOCAL REG.: April 1-1953

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane Church Hill, Md.

20332343 72

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1953
BUREAU V. S.

02985

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 3½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Genl

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ken Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Rural (Pondtown)

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) (Last) BRATCHER
4. DATE OF DEATH (Month) March (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 20-1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Bratcher
14. MOTHER'S MAIDEN NAME Elizabeth Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 222-03-3864
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

910.1

Immediate cause (a) Comminuted fracture of skull — 2½ hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-6-53
19b. MAJOR FINDINGS OF OPERATION Intracranial hemorrhage
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) March (Day) 3 (Year) 1953 (Hour) 10 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck by falling tree, while at work

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Ant N. Bauer (Degree or title) M.D. Dpty Med Examiner ADDRESS Chestertown Md DATE SIGNED 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3/9/53 NAME OF CEMETERY OR CREMATORY Pondtown LOCATION (City, town, or county) Pondtown (State) Md.

DATE REC'D BY LOCAL REG. Mar. 9-1953 REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16A

RECEIVED
MAR 12 1953
BUREAU V. S.

02986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Betterton Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edwin (Last) Dedman

4. DATE OF DEATH (Month) Mar (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 10, 1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor retired
10b. KIND OF BUSINESS OR INDUSTRY Doctor
11. BIRTHPLACE (State or foreign country) Selma Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Monroe Dedman
14. MOTHER'S MAIDEN NAME Mary Ann Scarff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Catharine Crew Dedman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Dont know

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary atherosclerosis — 10-12 years

(c) Was found dead in bed, a.m. of 3-3-53. Had felt well the night before, and upon retiring for the night.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to March 3, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at about 5 00 a.m., from the causes and on the date stated above.

SIGNATURE R Burt W. Fare (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 3-4-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/7/53
NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
LOCATION (City, town, or county) Birmingham Alabama (State)
DATE REC'D BY LOCAL REG. 3/7/53
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B. R. Fellows, Still Pond, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1953
BUREAU V. S.

02987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Lynchburg St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 430 Calvert St.

3. NAME OF DECEASED (Type or Print) (First) Virgil (Middle) Diggs (Last)

4. DATE OF DEATH (Month) March (Day) 6 (Year) 1953

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 8 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer Fertilizer plant
10b. KIND OF BUSINESS OR INDUSTRY Fertilizer Fertilizer Co
11. BIRTHPLACE (State or foreign country) Broad Neck, Kent Co, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Freeman Diggs
14. MOTHER'S MAIDEN NAME Clara Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Mary Miller - 230 Lynchburg St. Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Congestive heart failure	8-10 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary arteriosclerosis with myocarditis	8-10 months
	(c)	Toxemia from infected leg ulcers	2-3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1953, to 3-6, 1953 that I last saw the deceased alive on 3-6, 1953 and that death occurred at 11 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Chestertown Md DATE SIGNED 3-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 7, 1953
NAME OF CEMETERY OR CREMATORY Chestertown Cemetery
LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REG. March 7-1953
REGISTRAR'S SIGNATURE Clara S. Barnes,
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

02988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH · COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital	STREET ADDRESS (If rural, give location) 338 Cannon St.

3. NAME OF DECEASED (Type or Print)	(First) Lula	(Middle) Smith	(Last) Frazier	4. DATE OF DEATH (Month) Mar. 8, (Day) 1953 (Year) 19
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 6, 1899	9. AGE last birthday 53 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Kent Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Smith		14. MOTHER'S MAIDEN NAME Hattie Woodland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 216-07-6522	17. INFORMANT AND ADDRESS Earl Frazier 338 Cannon St. Chestertown, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral vascular accident — 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1953, to 3-8, 1953, that I last saw the deceased alive on 3-8, 1953 and that death occurred at 7 00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Chestertown Md	3-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 12, 1953	NAME OF CEMETERY OR CREMATORY Janes Cemetery near	LOCATION (City, town, or county) (State) Chestertown, Md.
DATE REC'D BY LOCAL REG. Mar. 10-1953	REGISTRAR'S SIGNATURE Clara S. Barnes	24. FUNERAL DIRECTOR J. Willis Wells- Chestertown, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02989

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton md
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Rural Worton Kent md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton md
STREET ADDRESS (If rural, give location) Colemans md.

3. NAME OF DECEASED (Type or Print): (First) Addie (Middle) a (Last) Jackson

4. DATE OF DEATH: (Month) Mar. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 24-1877

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse wife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Rural Worton md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac Roberts

14. MOTHER'S MAIDEN NAME: Margaret Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY No.: 216-18-8905A

17. INFORMANT AND ADDRESS: Charles Henry Jackson Worton md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.2

Immediate cause (a) Spasmodic condition

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac asthma

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Mar 1, 1953, that I last saw the deceased alive on Mar 1, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. C. Atwell — ADDRESS: Still Pond — DATE SIGNED: 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 7 1953	Colemans Cemetery	Worton Rural Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/7/53	E Kunard Jones	B R Fellows	Still Pond Md

RECEIVED
MAR 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12990

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Still Pond
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Galena
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) MAY (Last) JOHNSON

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: ~~White~~ Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 24 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Davis

14. MOTHER'S MAIDEN NAME: Carrie Hanson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ~~Yes~~ No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: James Johnson Kennedyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Artery Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Insufficiency

DUE TO

(c)

Interval Between Onset And Death: 2 mos. unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 22 1953 to Mar 7, 1953, that I last saw the deceased alive on Feb 28, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE H H Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED Mar 9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 11 1953 NAME OF CEMETERY OR CREMATORY John Wesley Cem. LOCATION (City, town, or county) Near Galena (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/10 REGISTRAR'S SIGNATURE E Leonard Jones

24. FUNERAL DIRECTOR Edward Talbert ADDRESS Millington Md.

RECEIVED
MAR 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

#2591

Reg. Dist. No. 202

1. PLACE OF DEATH:

COUNTY: Kent — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, Md

LENGTH OF STAY (in this place): eight days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall, Md

STREET ADDRESS (If rural, give location): No St. address

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) GROOM (Last) PRICE

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Dec. 18th 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: fishing & oystering

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Thomas Price

14. MOTHER'S MAIDEN NAME: Mary Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown — (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: 215-03-4964

17. INFORMANT & ADDRESS: Mrs. Sarah Eliz. Price - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 8 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension, obesity, atherosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar. 3, 1953, to Mar. 11, 1953, that I last saw the deceased alive on Mar. 11, 1953, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: Willard F. Smith — (DEGREE OR TITLE) MD — ADDRESS: Rock Hall, Md — DATE SIGNED: March 12, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 14 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Mar. 13-1953 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

RECEIVED
MAR 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02992

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestnville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestnville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) MERRITT (Last) SPRY

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug. 27 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Retail grocery store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Spry

14. MOTHER'S MAIDEN NAME: Sallie Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 222-05-4310

17. INFORMANT & ADDRESS: Joseph Spry Chestnville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Stroke — Interval Between Onset And Death: Russen

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 5 years

DUE TO (c) generalized Arteriosclerosis with previous Strokes. — ? years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 30, 19 52, to Mar 6, 19 53 that I last saw the deceased alive on Dec 4, 19 52 and that death occurred at 12 30 P m, from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D ADDRESS Millington DATE SIGNED 3/7/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF March 9 1953 NAME OF CEMETERY OR CREMATORY Townsend Cem. LOCATION (City, town, or county) (State) Townsend Md.

DATE REC'D BY LOCAL REGISTRAR March 7, 1953 REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR ADDRESS Edward Fellows-Millington Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 12 1953
BUREAU V. A

02993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Ann

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) (Last) Stanley

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 3-30-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days 1 IF UNDER 24 HRS.: Hours 20, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie Stanley

14. MOTHER'S MAIDEN NAME: Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

776X

Immediate cause (a) Premature (2#6½ oz at birth). Est. date of confinement

DUE TO was about July 2. Breathed well at first but

Antecedent cause(s) (b) later developed apneic spells. O₂ constantly

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO given. Rectal temp dropped to 94° for short time

(c) but returned to 98° & remained at this level for most part

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1953 to 3/31, 1953, that I last saw the deceased alive on 3/31, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE R. Lee Ware (DEGREE OR TITLE) M.D. ADDRESS Chestertown Md DATE SIGNED 4/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 2 1953

NAME OF CEMETERY OR CREMATORY Christiville Cem.

LOCATION (City, town, or county) (State) Rural Millington Md.

DATE REC'D BY LOCAL REG. April 3-1953

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Edward Pillow ADDRESS Millington Md.

2033244281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 6 1953
BUREAU V. S.